

# EVIDENCE-INFORMED DECISION-MAKING AND NURSING PRACTICE

### **CNA POSITION**

- ▶ All nurses¹ including clinicians, educators, researchers, administrators and policy-makers must collaborate with other health-care stakeholders to facilitate evidence-informed decision-making and practice. CNA's Code of Ethics for Registered Nurses and the Canadian Council for Practical Nurse Regulators' Code of Ethics for Licensed Practical Nurses in Canada provide guidance on how nurses can use evidence to inform nursing practice (Canadian Nurses Association [CNA], 2017; Canadian Council for Practical Nurse Regulators, 2013).
- ▶ Sources of evidence need to be critically appraised before their findings are incorporated into decision-making and practice. Sources that meet this standard include systematic reviews, research studies and peer-reviewed journals that summarize valid and clinically useful published studies.

## **CNA BELIEFS**

Evidence-informed decision-making is the ongoing process that incorporates evidence from research findings, clinical expertise, client preferences and other available resources to inform decisions that nurses make about clients (Ciliska, Pinelli, DeCenso & Cullum, 2001; Scott, McSherry, 2008). Evidence is an important element of quality care in all domains of nursing practice (administration, clinical, education, policy and research) and is integral to improving the health-care system.

The collaborative responsibilities around evidence-informed decision-making and nursing practice are shared by many people and groups. These responsibilities include identifying and addressing barriers and enhancing factors within organizational

<sup>&</sup>lt;sup>1</sup> Unless otherwise stated, nurse or nursing refers to any member of a regulated nursing category (i.e., a registered nurse, nurse practitioner, licensed/registered practical nurse or registered psychiatric nurse). This definition reflects the current situation in Canada, whereby nurses are deployed in a variety of collaborative arrangements to provide care.

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structures and the health-care system to facilitate and promote evidence-informed practice. Specific responsibilities follow.

#### Individual nurses:

- ► Are positioned to provide optimal care by having acquired competencies for evidence-informed nursing practice as part of their foundational education
- ► Read and critique evidence-informed literature (i.e., research articles, reports) in nursing, health sciences and related disciplines (CNA, 2015, p. 17)
- ► Generate researchable questions and communicate them to their managers, clinical nurse leaders or associated researchers
- ▶ Participate in or conduct research (Edwards et al., 2009)
- ► Evaluate and promote evidence-informed nursing practice

# Professional and nursing specialty associations:

- ▶ Use the best available evidence as a basis for standards and guidelines
- ► Lobby governments for funding to support nursing research and health information systems that include nursing care data
- ► Lobby governments for healthy public policy, regulation and legislation that are evidence-informed

# Nursing regulatory authorities:

- ► Use the best available evidence as a basis for standards, guidelines and regulatory practices
- ► Support nurses to meet competencies for evidence-informed practice

#### Researchers:

- ▶ Identify knowledge gaps and establish research priorities in conjunction with clinicians and/or other health professionals, key stakeholders and client groups
- ► Generate high-quality evidence through research
- ► Facilitate capacity-building of new nurse researchers
- ► Engage in effective knowledge transfer, translation and exchange to communicate relevant findings of research results to those who need it

## Educators and educational institutions:

- Support those graduating from basic and continuing nursing education programs to acquire competencies to provide evidence-informed nursing
- Use and develop evidence-informed curricula by providing high-quality education in research methods, evidence collection and analysis
- Promote a spirit of inquiry, critical thinking, openness to change and a philosophy of lifelong learning

Health service delivery organizations:

- ► Enhance factors within organizations that promote evidence-informed practice by integrating research findings and practice guidelines; reduce barriers that impede these factors
- Evaluate outcome measures through ongoing audits and formal research studies
- ► Support nurses' involvement in research and in the transfer of research into organizational policy and practice (Yost et al., 2015)
- Provide continuing education to assist nurses to maintain and increase their competence with respect to evidence-informed practice

#### Governments:

- ► Support development of health information systems that support evidence-informed nursing practice
- ► Support health information institutions
- Provide adequate funding to support nursing research in all its phases

National and provincial or territorial health information institutions:

- ► Collect, store, maintain, update and retrieve health data in health information systems accessible to nursing and health researchers
- Provide comprehensive, integrated and relational systems that include nursing data and information on health outcomes
- ► Collect data using standardized languages to ensure that nursing data can be aggregated and compared across and between sites

#### **BACKGROUND**

Evidence is information acquired through research and the scientific evaluation of practice. Types of evidence include information derived from a broad range of rigorous methodologies including quantitative studies (such as randomized controlled trials, observational studies) qualitative studies (such as case studies, ethnography, phenomenology) and meta-analysis. Evidence also includes expert opinion in the form of consensus documents, commission reports, regulations, and historical or experiential information (Collins, Voth, DiCenso & Guyatt, 2005; Lomas et al., 2005; Barton, 2009).

The distinction between the terms "evidence-based" and "evidence-informed" is important. The concept of evidence-informed decision-making builds on evidence-based health care. It acknowledges that many factors beyond evidence — for example, available resources or cultural and religious norms — influence decision-making (Ciliska, Thomas & Buffet, 2008, p.7).

Decision-making in nursing practice is influenced by evidence and also by individual values, client choice, theories, clinical judgment, ethics, legislation, regulation, health-care resources and practice environments (Dicenso, Ciliska & Guyatt, 2005). At the

community level, evidence-informed public health is defined as "the process of integrating science-based interventions with community preferences to improve the health of populations" (Kohatsu, Robinson & Torner, 2004, p. 419).

There has been a rapid proliferation of clinical practice guidelines for nurses. These are defined as "systematically developed statements to assist practitioner decisions about appropriate health care for specific clinical circumstances" (Field, 1995, p. 38). Guidelines are based on the most rigorous research available and, when research is not available, they are grounded in expert opinion and consensus (Schunemann, Fretheim & Oxman, 2006).

Applied at the individual client level, guidelines provide a set of instructions containing conditional logic for solving problems or accomplishing tasks. Appropriately applied, guidelines can reduce uncertainties associated with clinical decisions, diminish variation around usual practices, demystify unfamiliar terminology, and decrease the need to search for journals and articles. It is important to evaluate the quality of the guidelines prior to implementation (Glanville, Schrim & Wineman, 2000).

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